

Complete Summary

GUIDELINE TITLE

Practice parameter: long-term treatment of the child with simple febrile seizures.

BIBLIOGRAPHIC SOURCE(S)

Practice parameter: long-term treatment of the child with simple febrile seizures. American Academy of Pediatrics. Committee on Quality Improvement, Subcommittee on Febrile Seizures. Pediatrics 1999 Jun; 103(6 Pt 1): 1307-9. [17 references] [PubMed](#)

COMPLETE SUMMARY CONTENT

SCOPE
 METHODOLOGY - including Rating Scheme and Cost Analysis
 RECOMMENDATIONS
 EVIDENCE SUPPORTING THE RECOMMENDATIONS
 BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
 QUALIFYING STATEMENTS
 IMPLEMENTATION OF THE GUIDELINE
 INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT
 CATEGORIES
 IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

Simple febrile seizure, defined as a brief (<15 minutes) generalized seizure that occurs only once during a 24-hour period in a febrile child who does not have an intracranial infection or a severe metabolic disturbance

GUIDELINE CATEGORY

Treatment

CLINICAL SPECIALTY

Emergency Medicine
 Family Practice
 Neurology
 Pediatrics

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To provide recommendations for therapeutic intervention in neurologically healthy infants and children between 6 months and 5 years of age who have had one or more simple febrile seizures

TARGET POPULATION

Neurologically healthy infants and children between 6 months and 5 years of age who have had one or more simple febrile seizures

INTERVENTIONS AND PRACTICES CONSIDERED

1. Continuous anticonvulsant therapy with agents such as phenobarbital, valproic acid, carbamazepine, or phenytoin
2. Intermittent therapy with antipyretic agents or diazepam
3. No anticonvulsant therapy

MAJOR OUTCOMES CONSIDERED

- Recurrence of febrile or afebrile seizures
- Adverse effects of treatment options

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases
Searches of Patient Registry Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A review of the current literature was conducted using articles obtained through a MEDLINE search and a search of the Epilepsy Foundation of America database. Members of the Committee and the Committee's consultants suggested references as well. Articles were obtained following defined criteria and data abstracted using a standardized literature review form. Abstracted data were summarized into evidence tables.

Articles were included that met the following criteria:

- The study children had simple febrile seizures that were convincingly differentiated from afebrile seizures and other types of febrile seizures.
- The subjects with simple febrile seizures were reasonably representative of children with simple febrile seizures.

A suitable control group was included in the study. Preference was given to blinded protocols.

NUMBER OF SOURCE DOCUMENTS

More than 300 source documents.

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The clinical practice guideline was reviewed by the appropriate councils, committees, and sections of the American Academy of Pediatrics including the Committee on Practice and Ambulatory Medicine, the Committee on Pediatric Emergency Medicine, the Committee on Drugs and Sections on Emergency Medicine, Clinical Pharmacology, and Neurology. The Chapter Review Group, a focus group of nine practicing pediatricians representing each AAP district, also reviewed the guideline.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Based on the risks and benefits of the effective therapies, neither continuous nor intermittent anticonvulsant therapy is recommended for children with one or more simple febrile seizures. The American Academy of Pediatrics recognizes that recurrent episodes of febrile seizures can create anxiety in some parents and their children, and, as such, appropriate education and emotional support should be provided.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations (i.e., randomized controlled trial, comparison study) is identified in evidence tables the technical report that accompanies the guideline document.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Optimize practitioner understanding of the scientific basis for using or avoiding various proposed treatments for children with simple febrile seizures.
- Improve the health of children with simple febrile seizures by avoiding therapies with high potential for side effects and no demonstrated ability to improve children's eventual outcomes.
- Reduce costs by avoiding therapies that will not demonstrably improve children's long-term outcomes.
- Help the practitioner educate caregivers about the low risks associated with simple febrile seizures.

POTENTIAL HARMS

- Adverse effects of phenobarbital include behavioral problems such as hyperactivity and hypersensitivity reactions.
- Drawbacks to therapy with valproic acid include its rare association with fatal hepatotoxicity (especially in children younger than 3 years who also are at greatest risk for febrile seizures), thrombocytopenia, weight loss and gain, gastrointestinal disturbances, and pancreatitis.
- A potential drawback to intermittent diazepam prophylaxis is that a seizure could occur before a fever is noticed. Adverse effects of oral diazepam include lethargy, drowsiness, and ataxia. The sedation associated with this therapy could mask evolving signs of a central nervous system infection.

Subgroups Most Likely to be Harmed:

Sedation associated with diazepam could mask evolving signs of a central nervous system infection.

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This guideline is designed to assist pediatricians by providing an analytic framework for the treatment of children with simple febrile seizures. It is not intended to replace clinical judgment or establish a protocol for all patients with this condition. It rarely will be the only appropriate approach to the problem.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Practice parameter: long-term treatment of the child with simple febrile seizures. American Academy of Pediatrics. Committee on Quality Improvement, Subcommittee on Febrile Seizures. Pediatrics 1999 Jun; 103(6 Pt 1): 1307-9. [17 references] [PubMed](#)

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999 Jun

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Quality Improvement, Subcommittee on Febrile Seizures

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Quality Improvement, 1998-1999: David A. Bergman, MD, Chairperson; Richard D. Baltz, MD; James R. Cooley, MD; Gerald B. Hickson, MD; Paul V. Miles, MD; Joan E. Shook, MD; William M. Zurhellen, MD

Liaisons: Betty A. Lowe, MD, National Association for Children's Hospitals and Related Institutions; Shirley Girouard, PhD, RN, National Association for Children's Hospitals and Related Institutions; Michael J. Goldberg, MD, AAP Sections; Charles J. Homer, MD, AAP Section on Epidemiology; Jan E. Berger, MD, AAP Committee on Medical Liability; Jack T. Swanson, MD, AAP Committee on Practice and Ambulatory Medicine

Subcommittee on Febrile Seizures, 1998-1999: Patricia K. Duffner, MD, Chairperson; Robert J. Baumann, MD, Methodologist; Peter Berman, MD; John L. Green, MD; Sanford Schneider, MD

Consultants: Carole S. Camfield, MD, FRCP(C); Peter R. Camfield, MD, FRCP(C); David L. Coulter, MD; Patricia K. Crumrine, MD; W. Edwin Dodson, MD; John M. Freeman, MD; Arnold P. Gold, MD; Gregory L. Holmes, MD; Michael Kohrman, MD; Karin B. Nelson, MD; N. Paul Rosman, MD; Shlomo Shinnar, MD

The Committee on Quality Improvement and Subcommittee on Febrile Seizures appreciate the expertise of Richard N. Shiffman, MD, Center for Medical Informatics, Yale School of Medicine, for his input and analysis in development of this practice guideline.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time.

AAP Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Baumann RJ. Technical report: treatment of the child with simple febrile seizures. Pediatrics 1999 Jun; 103(6):e86 (2492K). Available from the [American Academy of Pediatrics Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on August 29, 1999. The information was verified by the guideline developer on December 15, 1999.

COPYRIGHT STATEMENT

This NGC summary is based on the original guideline, which is subject to the guideline developer's copyright restrictions. Please contact the Permissions Editor, American Academy of Pediatrics (AAP), 141 Northwest Point Blvd, Elk Grove Village, IL 60007.

© 1998-2004 National Guideline Clearinghouse

Date Modified: 11/15/2004

